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PTO/SB/01 (10\_00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
with Initial  
Filing

OR



Declaration  
Submitted after initial  
Filing (surcharge  
(37 CFR 1.16(e))  
required)

Attorney Docket Number

SIG000087

First Named Inventor

Marcus W. May

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LOW LOSS MULTIPLE OUTPUT STAGE FOR A DC-TO-DC CONVERTER

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checkign the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications Numbers(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority. Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119 (e), 120, or 365 (c) of any U.S. or PCT application(s) listed below.

Application Numbers(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/429,941	11/29/2002	

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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## DECLARATION - Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	34,399	OR	<input checked="" type="checkbox"/> Correspondence address below
Name Bruce E. Garlick					
Address P.O. Box 160727					
Address					
City Austin		State TX		ZIP 78716-0727	
Country USA		Telephone 512-264-8816		FAX 512-264-3735	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Marcus W.		Family Name or Surname May	
Inventor's Signature		<i>Marcus W. May</i>		Date 06/25/03	
Residence: City Austin		State TX		Country USA	
Citizenship		USA			
Mailing Address 3204 Thousand Oaks Dr					
Mailing Address					
City Austin		State TX		ZIP 78746	
Country		USA			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City		State		Country	
Citizenship					
Mailing Address					
Mailing Address					
City		State		ZIP	
Country					
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheets(s) PTO/SB/02A attached hereto.					

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Marcus W. May

Group Art Unit

Examiner Name

Attorney Docket Number

SIG000087

I hereby appoint:

☒ Practitioners at Customer Number

34,399

Place Customer  
Number Bar Code  
Label Here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Bruce E. Garlick	36,520
Timothy W. Markison	33,534
James A. Harrison	40,401
Shayne X. Short, Ph.D.	45,105

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Please change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bruce E. Garlick				
Address	P.O. Box 160727				
Address					
City	Austin	State	TX	Zip	78716-0727
Country	USA				
Telephone	512-264-8816	Fax	512-264-3735		

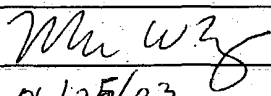
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71

☐ Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Marcus W. May
Signature	
Date	06/25/03

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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